



## PILONIDAL SINUS OF THE GLANS PENIS: AN UNUSUAL CASE

Serdar Yormaz, Huseyin Yilmaz, Husnu Alptekin, Ilhan Ece, Mustafa Sahin.

Department of Surgery, Faculty of Medicine, Selcuk University, 42075, Konya, Turkey.

Corresponding Author:- **Serdar Yormaz**  
E-mail: [serdaryormaz@gmail.com](mailto:serdaryormaz@gmail.com)

<p><b>Article Info</b></p> <p>Received 15/12/2014 Revised 27/12/2014 Accepted 10/01/2015</p> <p><b>Key words:</b> Pilonidal Sinus, Penis, Infection.</p>	<p><b>ABSTRACT</b></p> <p>Pilonoidal sinus is usually seen on sacrococcygeal area of human body, disease's pike is 20-25 age male group. A pilonidal sinus of the penis is a rare entity, with very few reported cases It is usually seen on man who have no circumcision, on the other hand it rarely seem at corona who have circumcised.. Disease clinically presents at young, dark haired and hirsutic man population. In the treatment of this disease usually excision is the real behaviour. In our case we explain the patient that have pilonidal sinus on the penis and who was 20 years old, brunette, circumcised. Patient who seen pilonidal sinus after total removal applied to medical treatment.</p>
--	--

### INTRODUCTION

#### Etiopathogenesis and the Natural Course of the Disease

Pilonidal sinus is a chronic disease with acute exacerbations, quite common in males in the society and usually affects young adults; pilonidal sinus is often located on the intergluteal sulcus of sacrococcygeal region, and contains one or more sinus channel and tuft of hairs [1,2]. It rarely occurs in the umbilical region, hands, interdigital area, penis, axilla, amputation stump, anal canal, suprapubic region, breasts and the region between the breasts. Its incidence rate is 0.7% in the population. The disease peaks between the ages of 16 and 25. The disease declines after the age of 25. The main treatment is surgical excision in patients with pilonidal sinus.

#### Pathology

The sinuses are small openings with multilayer epithelium interiors and often located in the midline. And, the cystic cavities are covered by chronic granulation tissue and contain hair, epithelial debris and fresh granulation tissue. Similarly, sinus tracts consist of granulation tissue and have surrounding neutrophil, lymphocyte and plasma cell infiltrations. Sometimes macrophages are observed. Foreign body giant cells are too observed frequently in pathological examination. Sinus walls have no cutaneous adnexa (hair follicles, sweat glands, sebaceous glands and muscoli arrectores pilorum). Malignant transformation is

very rare; and squamous cell carcinoma and verrucous carcinoma have been reported [3-5].

#### Case Report

20-year-old male patient admitted to a urology clinic with complaints of catarrhal ulcerative wound on the ventral side of penis, which was present for 3 months (Photo 1). During the physical examination, there was a 3x2 cm of crusted wound with a draining sinus in the middle. The serology and hematology test results of the patient were found to be normal. Excisional biopsy and primary suture were performed. Wound cultures were collected. Biopsy results were found to be compatible with pilonidal sinus (Photo 2).

Culture results presented normal skin flora and Gr(+) growth. The patient was administered with ciprofloxacin and ornidazole antibiotics as medical treatment and discharged. The sutures were taken without any complications on the 7<sup>th</sup> postoperative day.

#### DISCUSSION

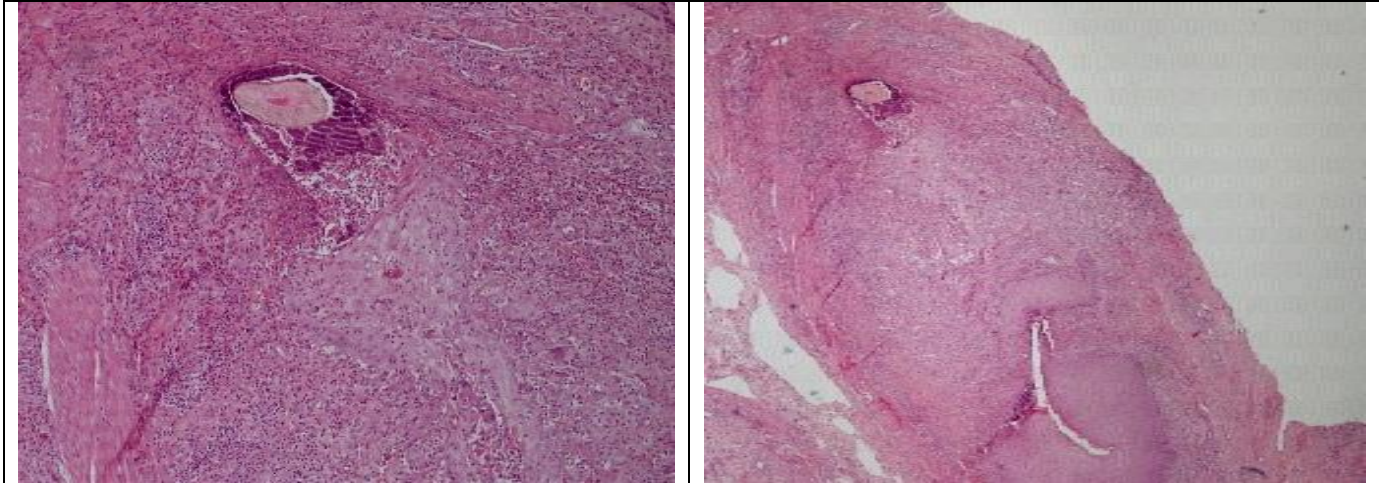
Pilonidal sinus is a chronic disease with acute exacerbations, quite common in males in the society and usually affects young adults; pilonidal sinus is often located on the intergluteal sulcus of sacrococcygeal region, and contains one or more sinus channel and tuft of hairs.



**Figure 1: Pilonidal sinus disease infection in Penis**



**Figure 2 : Penis tissue ; Histopathologic view of pilonidal sinus disease.**



Pilonidal sinus is usually seen in young, dark-haired, hairy people, whereas it is rarely seen in fair-skinned people [6,7]. In patients with pilonidal sinus in the penis, the lesions should be distinguished from balanopostitis, epidermal cysts, epidermal carcinoma and such. The extremely rare sinus pilonidalis phenomenon has been reported to be accompanied by actinomycosis in a case. In that case, the sinus pilonidalis has been reported to play a predisposing role in actinomycosis. And, it was emphasized that early diagnosis and treatment is necessary for this case [8].

In the studies, the majority of patients with pilonidal sinus were uncircumcised male patients. And, it is seen around the corona in circumcised male patients. In our case, although the patient had been circumcised, there was an ulcerative area and sinus opening on the penis ventral surface. This finding shows that the pilonidal sinus is not specific around the corona of the penis in

circumcised patients. Sinus pilonidalis is commonly known as located in the sacral groove in the intergluteal region. Additional locations have been reported in some cases. In this regard, pilonidalis sinus should be considered in the inflammation and granulation tissues occurred in different parts of the body, in hairy areas especially, and the required surgery should be performed.

#### CONCLUSION

As a result, despite being rare in the penis, pilonidal sinus should be considered as a priority in patients presenting with complaints of wound, swelling, secretion, and the treatment of patients should be planned and performed in a short time.

**Conflict Of Interest:** Serdar Yormaz and co –authors have no conflict of interest and financial support.

#### REFERENCES

1. Azap AS, Kamal MS, Saad RA et al. (1984). Radical Cure of pilonidal sinus by a transposition rhomboid flap. *Br J Surg*, 154-5.
2. Gordon PH, Nivatvongs S. (1999). Principles and Practice of Surgery for the Colon, Rectum and Anus 2nd ed. St. Louis, Missouri, 287-301.
3. Alemdaroglu K, Akcal T, Buğra D. (2004). Colon Rectum and Anal region diseases, 185-196.



4. Gülay H. (2004). Basic Systematic Surgery, *Skin II*, 1969-77.
5. Tezel E, Bostancı H, Azılı C, Kurukahvecioğlu O, Anadol Z. (2009). New Look in Pilonidal Sinus Disease and Treatment. *Marmara Medical Journal*, 22(1), 85-89.
6. Hugh F O'Kane MB, B Duggan, C Mulholland, J Crosbie. (2004). Pilonidal Sinus of the Penis. *The Scientific World Journal*, 4, 258–259.
7. Chikkamuniyappa S, J Furman, RS Scott. (2004). Pilonidal Sinus of the Glans Penis Associated with Actinomyces. *The Scientific World Journal*, 4, 908–912.
8. Yaşar Ş, Yıldırım A, Kayahan C, Özışık T. (2001). Pilonidalis sinus cases which was detected in the Submandibular region. *The Medical Journal of Kocatepe*, 2, 109-111.

